

Attachment B

South Carolina Department of Disabilities and Special Needs

REVIEW OF REPORT OF CRITICAL/URGENT CIRCUMSTANCES

Consumer Name: _____ Consumer DOB: _____ Consumer SSN: _____

Service Division: MR/RD ____ Autism ____ HASCI ____ Service County: _____

DISPOSITION

Approved for Critical Needs Waiting List

- ☐ Abuse, Neglect, Exploitation
- ☐ Health & Safety of Consumer in Serious Jeopardy
- ☐ Health & Safety of Others in Serious Jeopardy
- ☐ Homelessness
- ☐ Court Order/DDSN Judicial Admission
- ☐ DJJ Subclass
- ☐ Other: _____

Approved for Priority I Waiting List

- ☐ Behavioral Needs Not Being Met
- ☐ Medical Needs Not Being Met
- ☐ Primary Caretaker Health Deteriorating
- ☐ Other: _____

Denied for Critical Needs Waiting List

- ☐ Risk factors present, but in-home services not attempted
- ☐ Risk factors present, but not sufficiently serious
- ☐ Non-DDSN service options not attempted
- ☐ No risk factors present
- ☐ Other: _____

Denied for Priority I Waiting List

- ☐ Risk factors present, but in-home services not attempted
- ☐ Risk factors present, but not sufficiently serious
- ☐ Non-DDSN service options not attempted
- ☐ No risk factors present
- ☐ Other: _____

APPROVED SERVICE LEVEL (INDIVIDUALS APPROVED FOR CNWL/PIWL)

- | | |
|---|--|
| <input type="checkbox"/> HCB Waiver/In-home | <input type="checkbox"/> CTH II |
| <input type="checkbox"/> CTH I | <input type="checkbox"/> CRCF |
| <input type="checkbox"/> ECTH I | <input type="checkbox"/> ICF/MR - Community |
| <input type="checkbox"/> SLP I | <input type="checkbox"/> Alternative Placement |
| <input type="checkbox"/> SLP II | |

ON-SITE FOLLOW UP REQUIRED

- ☐ Approved for Critical Waiting List/More Preventive Efforts Should Have Been Taken
- ☐ Not Approved for Critical Waiting List/Confirm Alternative Services Are Provided

District Crisis Coordinator

Date

District Director

Date